

# Exhibit E

**UNITED STATES DISTRICT COURT**  
**FOR THE NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION**

IN RE: BABY FOOD PRODUCTS  
LIABILITY LITIGATION

Case No. 24-MD-3101-JSC

MDL 3101

This document relates to:

ALL ACTIONS

**PLAINTIFF'S PRESERVATION  
DISCLOSURE FORM  
DEFENDANTS' PROPOSED SHORT  
FORM PLAINTIFF FACT SHEET**

In completing this Short Form Plaintiff Fact Sheet, you acknowledge that you have read and understood the questions asked, and that the information provided is true and correct to the best of your knowledge following a reasonably diligent search for information available to you as Plaintiff's parent and/or legal guardian. This includes a search of paper records, electronic records, and online sources of information, as needed. It includes files, devices, and accounts maintained by or for Plaintiff and both of Plaintiff's parents and/or guardians to the extent reasonably available. Further, you have taken reasonable steps to preserve such evidence by downloading and/or otherwise storing it for future retrieval. You have not purged, discarded, or otherwise failed to maintain any devices or accounts containing information within the categories requested below.

"You" refers to the person completing this Plaintiff Fact Sheet.

"Plaintiff" refers to the minor plaintiff bringing suit.

"Plaintiffs' Parents" refers to the biological parent(s) or adoptive parent(s)/guardian(s) of Plaintiff.

"Guardian ad litem" refers to the court-designated representative of Plaintiff.

"ASD" refers to Autism Spectrum Disorder.

"ADHD" refers to Attention-Deficit Hyperactivity Disorder.

Please provide an answer for each question and do not leave any answer space blank. If you do not know or cannot recall information required to answer a question, please specifically state either "Do not know" or "Cannot recall" in the response. If a question is not applicable to you, please specifically state that it "Does not apply."

**Case Information****1. Provide the following information for the case Plaintiff, Plaintiff's Parent(s), or Plaintiff's guardian(s), filed:**

Case Name: \_\_\_\_\_ Docket No.: \_\_\_\_\_

Plaintiff's Attorney: \_\_\_\_\_

**2. Provide the following information relating to Plaintiff:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

(Full names and prior names)

Current Address: \_\_\_\_\_

Previous Addresses (since birth): \_\_\_\_\_

**3. Provide the following information about You:****Parent/Guardian 1:**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Relationship to Plaintiff: \_\_\_\_\_

Have you been appointed as guardian ad litem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Court: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian 2: (if Plaintiff raised by single parent/guardian since birth, write N/A)**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Relationship to Plaintiff: \_\_\_\_\_

Have you been appointed as guardian ad litem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Court: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Provide the following information about Plaintiff's Biological Parents:**

Name of Biological Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Biological Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

**5. What is the injury (i.e., medical condition) you are claiming**

<u>Injury/Condition</u>	<u>Yes/No</u>	<u>Date of Diagnosis</u>
<u>Autism Spectrum Disorder</u>		
<u>ADHD</u>		
<u>Other</u>		

**Food Purchasing Records**

~~2.6. For commercial baby food that Plaintiff contends caused or contributed to his/her injury, please~~ **Please provide the below-requested information, for foods purchased for, or purchased and that may have been fed to, Plaintiff from Plaintiff's birth to present.** Please include both on-line and in-store locations, and grocery stores as well as stores where any food was purchased that are not traditional grocery stores (such as drugstores, farmers' markets, and/or multi-purpose stores like Target or Costco). ~~This information is provided for preservation purposes only and is~~ **The below list does not meant need to be an exclusive or exhaustive list. Rather, it is provided to the best of current recollection include individual restaurant purchases, but should include delivery services such as Instacart, Shipt, DoorDash, Grubhub, Uber Eats, and similar services.** Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional stores/websites on a separately included appendix to this Plaintiff Fact Sheet.:

<b>Store/Website Name</b>	<b>Store/Website loyalty account number and associated phone number</b>	<b>Payment method(s) used (credit/debit, cash, check, WIC, etc.)</b>

~~3.7. List the names of all credit card, debit card, or WIC/EBT accounts and their associated numbers used at the stores listed in Response to Question 2 to purchase commercial baby food that Plaintiff contends caused or contributed to his/her injury above.~~

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**4.8. Does Do You, Plaintiff, or Plaintiff's Parents have or have access to any receipts or other records of purchases from any sellers identified in response to Question 2? 6 from Plaintiff's birth to present.**

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE

**5.9. Does Do You, Plaintiff, or Plaintiff's Parents have or have access to credit, debit, WIC/EBT account, and/or banking statements that show purchases from any sellers identified in response to Question 36 from Plaintiffs' birth to injury diagnosis? present.**

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE

**10. Identify by brand and type all commercial baby food Plaintiff consumed, whether or not made or sold by any Defendant that Plaintiff has named in this case. Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional baby food brands on a separately included appendix to this Plaintiff Fact Sheet.**

<u>Baby Food Brand</u>	<u>Baby Food Type/Baby Food Product (e.g., Jars Stage 2, banana strawberry, Pouch Stage 1, bananas, etc.)</u>

### **Photos and Video Records**

**6.11. Does Do You, Plaintiff, or Plaintiff's Parents have paper photos of Plaintiff from birth to present? 2.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**12. Do You, Plaintiff, or Plaintiff's Parents have videos of Plaintiff from birth to present stored on any physical storage device (such as a smartphone, camera, DVD or external drive).**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**13. Please identify all digital, electronic, web-based, or cloud-based accounts used to store photos and videos of Plaintiff from birth to present:**

\_\_\_\_\_  
\_\_\_\_\_

**14. Have the accounts identified in response to Question 13 been backed up to preserve such photos and videos.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**Medical Records Information**

**7.15.** Please provide the below requested information for all of Plaintiff's healthcare providers from Plaintiff's gestation through present. These providers include Plaintiff's biological parent's OB/GYN and/or midwife, any pediatricians, dentists, or other medical providers for Plaintiff, any hospitals and/or clinics, and any individuals or groups who have evaluated or provided treatment related to Plaintiff's physical, developmental, psychological, behavioral and/or emotional well-being. Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional providers/institutions on a separately included appendix to this Plaintiff Fact Sheet.

Provider/Institution	Business Address	Approximate Dates of Treatment

**8.16.** ~~Does~~Do You, Plaintiff, or Plaintiff's Parents have any medical records or other documents that ~~document therefor or relate to~~ care provided to Plaintiff by any person or entity identified in response to Question ~~7?~~15.

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE

**9.17.** Has Plaintiff undergone testing for presence of or exposure to any heavy metal?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE

**If yes, please identify:**

a. The name, location, and date of the testing:

\_\_\_\_\_  
\_\_\_\_\_

b. Whether you have records related to Plaintiff's testing including via an online portal. YES NO N/A

**10.18.** Has Plaintiff participated in an investigative or other research trial relating to ASD or ADHD? YES NO UNSURE

If yes, please identify:

a. The name, location, and date of the research trial:

b. Whether you have records related to Plaintiff's participation including via an online portal. YES NO N/A

**11.19.** Has Plaintiff, Plaintiff's biological Parent(s), or any biological sibling of Plaintiff undergone genetic testing? YES NO UNSURE

If yes, please identify:

a. The name, location, and date of the testing:

b. Whether you have records related to Plaintiff's testing, including via an online portal. YES NO N/A

### **Educational Records**

**12.** Please provide the below requested information for all daycare facilities, preschools, schools, or other educational service providers for Plaintiff from birth to present. This includes any educational services provided as part of the assessment and/or treatment of Plaintiff's ASD and/or ADHD, including speech, occupational and/or behavioral therapy.

**13.20.** Please add additional rows to the below chart as needed or, alternatively, you can provide the names of additional institutions/service providers on a separately included appendix to this Plaintiff Fact Sheet.

Name and Address of Institution/Service Provider	Approximate Dates of Participation/Attendance

The above provided information is ~~provided subject~~ true and correct to the best of my knowledge and belief based on a reasonably diligent investigation ~~performed to provide the requested information.~~ The information provided in this disclosure is made ~~for the sole purpose of allowing defendants to engage in preservation efforts~~ without any admission of its discoverability or admissibility.

Signature ~~of Counsel for Plaintiff:~~ (Parent/Guardian 1): \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Parent/Guardian 2): \_\_\_\_\_

Date: \_\_\_\_\_